



Medication Administration Form

For Prescription and Non-prescription Medications

Medication Policy Statement:

- All prescription medications require a label attached to the medication that includes name of medication, dosage, and route of dosage. It also should give a length of time for the prescription to be given.
- Physician authorization is designated by the prescription & signature.
- All medication will be kept locked up in the academy office.

This Medication Authorization form must be completed on or before the first day the child is to receive the medication. This form must be updated based on the type of medication or as required by law. This form will be kept in the academy office with the medication.

Prescription Medication authorization is for: _____
(Child's name)

The OVCA nurse or Medical Administration Trained (MAT) staff at Ocean View Christian Academy has my permission to administer the following medication:

Medication name: _____

Dosage: _____

Times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Doctor Signature _____ Date _____

Parent's or Guardian's Signature: _____ Date: _____